

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>100/579792</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	①		/				53						
4	②		/				54						
5	③		/				55						
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9	⑦		/				59						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓	3		↓							
TOTAL DEP.	10		←	15		←							
TOTAL CLAIMS	KR			18									